

Child Welfare Programs Foster Care Services

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Presentation Outline

1. Oregon Child Welfare Program Mission & Goals
2. Foster Care Program
3. Where Oregon has been over the last 10 years
4. Where Oregon is now
5. Where Oregon is going



Child Welfare Program Mission and Goals

Mission: Improve family capacity to provide safe and permanent living environments for children.

Goals:

- Protect children and promote children's safety in their homes.
- Help children who are unable to live safely in their homes live in settings that provide safety, stability and continuity with their families.
- Expand program partnerships and increase the cultural competency of DHS staff and partners to better serve Oregon's diverse communities.
- Prevent the current and future need for additional high end services.
- Mitigate trauma

A Look Back at Child Safety in Foster Care: 2002

- Re-abuse rate was higher than the national standard.
- Attention to safety in foster care was evolving, beginning to do criminal history checks on all foster parents.
- Foster parents had a visit from their certifier once a year.
- Foster parent training was sporadic across the state and not consistently implemented.

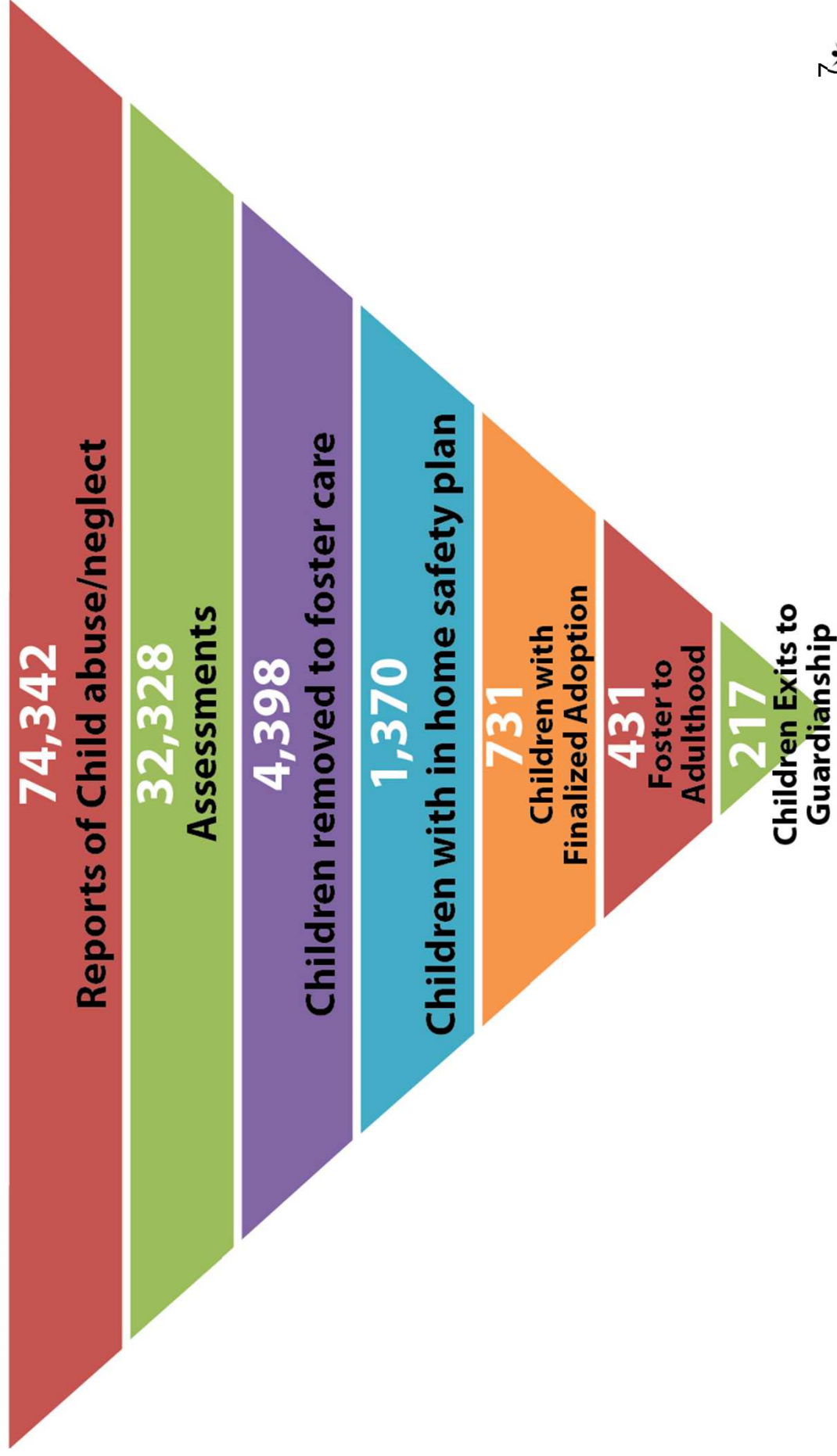
A Look Back at Permanency in Foster Care: 2002

- Children remained in foster care longer, state did not meet national standards for reunification.
- Stability of foster care placements was below the national standards, despite our emerging work placing children with relatives and our neighborhood foster care projects.
- Case planning was sequential and not concurrent.

A Look Back at Well-Being in Foster Care: 2002

- Relative placement was an emerging practice, but was still not universally considered. We “ruled out” relatives instead of “ruling them in.”
- There were not enough foster homes that could meet the needs of children.
- Our circle of support was much smaller then, and Child Welfare did not branch out to communities to support children.
- Increased face to face contact between workers, foster parents, and children was also just increasing based on a new policy.
- Siblings were less likely to be placed together in foster care
- Obtaining Health and Education Services was determined by the advocacy of caseworkers and the foster parents, not implemented systematically. Health screenings occurred regularly but follow up treatment services were difficult to access.
- Mental Health needs of children were not universally met, especially those for teens.

Child Welfare Continuum (2011 data)



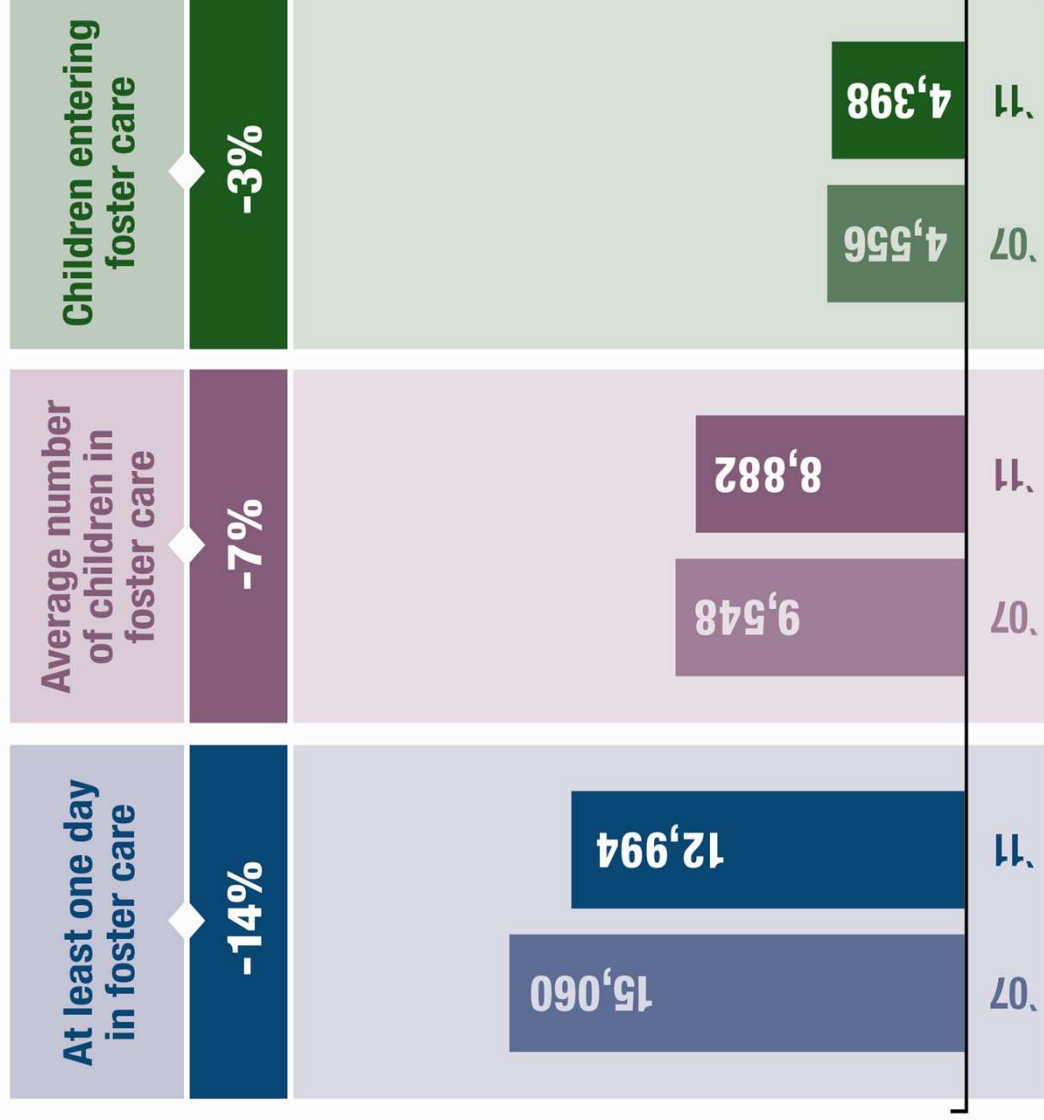
The Numbers

- Children Served in Foster Care, by Race 2010-2011
 - Children Served in Foster Care, by Age 2011
 - Gender is evenly split 50.8% are boys and 49.2% are girls

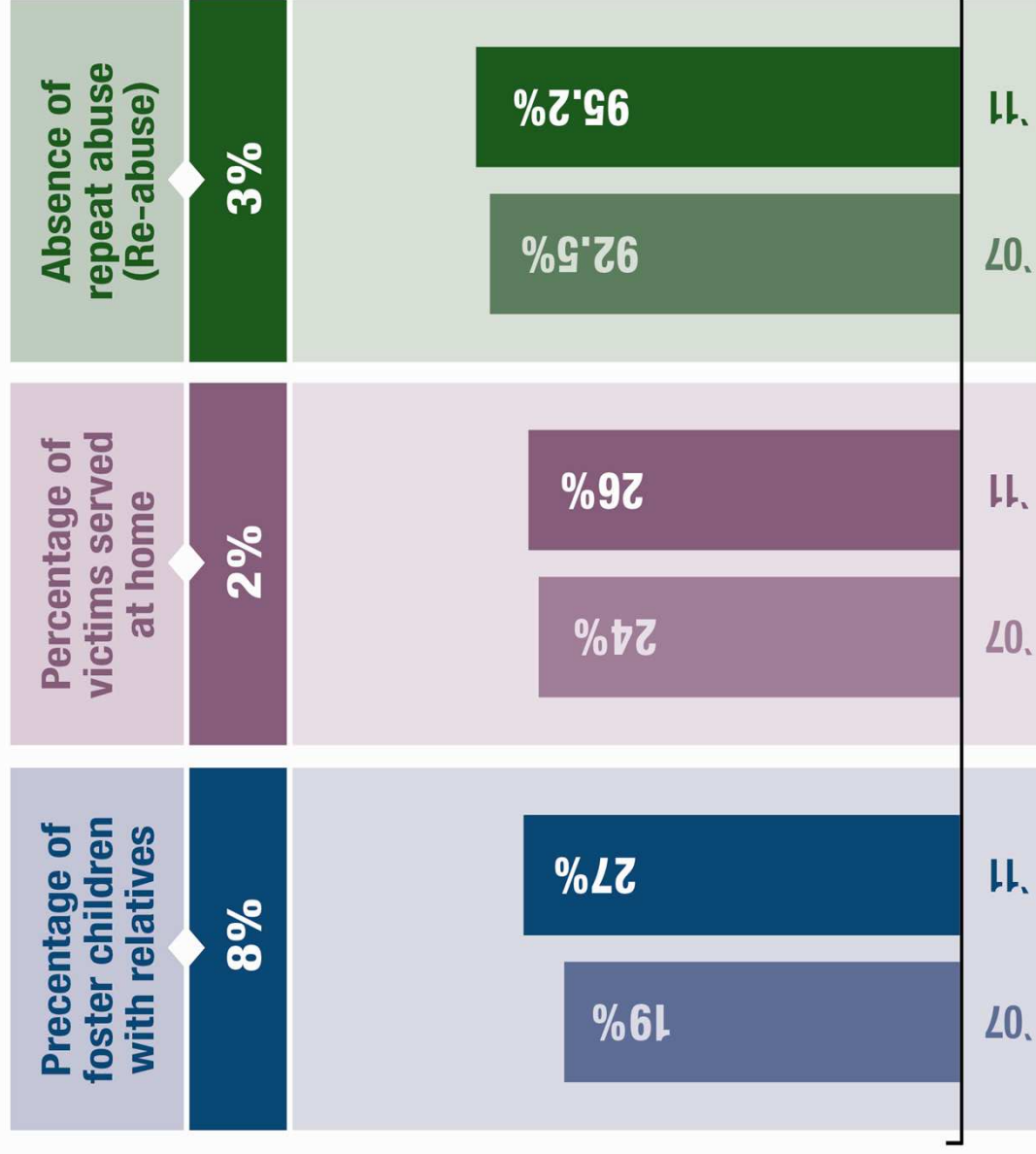
Race	2010	2011	Oregon Child Population 2011
African American	8.3%	8.2%	2.1%
Asian	1.0%	1.0%	3.7%
Caucasian	64.4%	64.4%	66.9%
Hispanic (any race)	13.7%	14.4%	20.3%
Native American	6.9%	5.9%	1.3%
Pacific Islander	0.5%	0.6%	0.5%
Unknown/Not recorded	5.1%	5.5%	5.2%

Age Group	Percent
Age 0-5	38.7%
Age 6-12	31.6%
Age 13-17	22.0%
Age 18+	7.7%

Progress Indicators – 2011

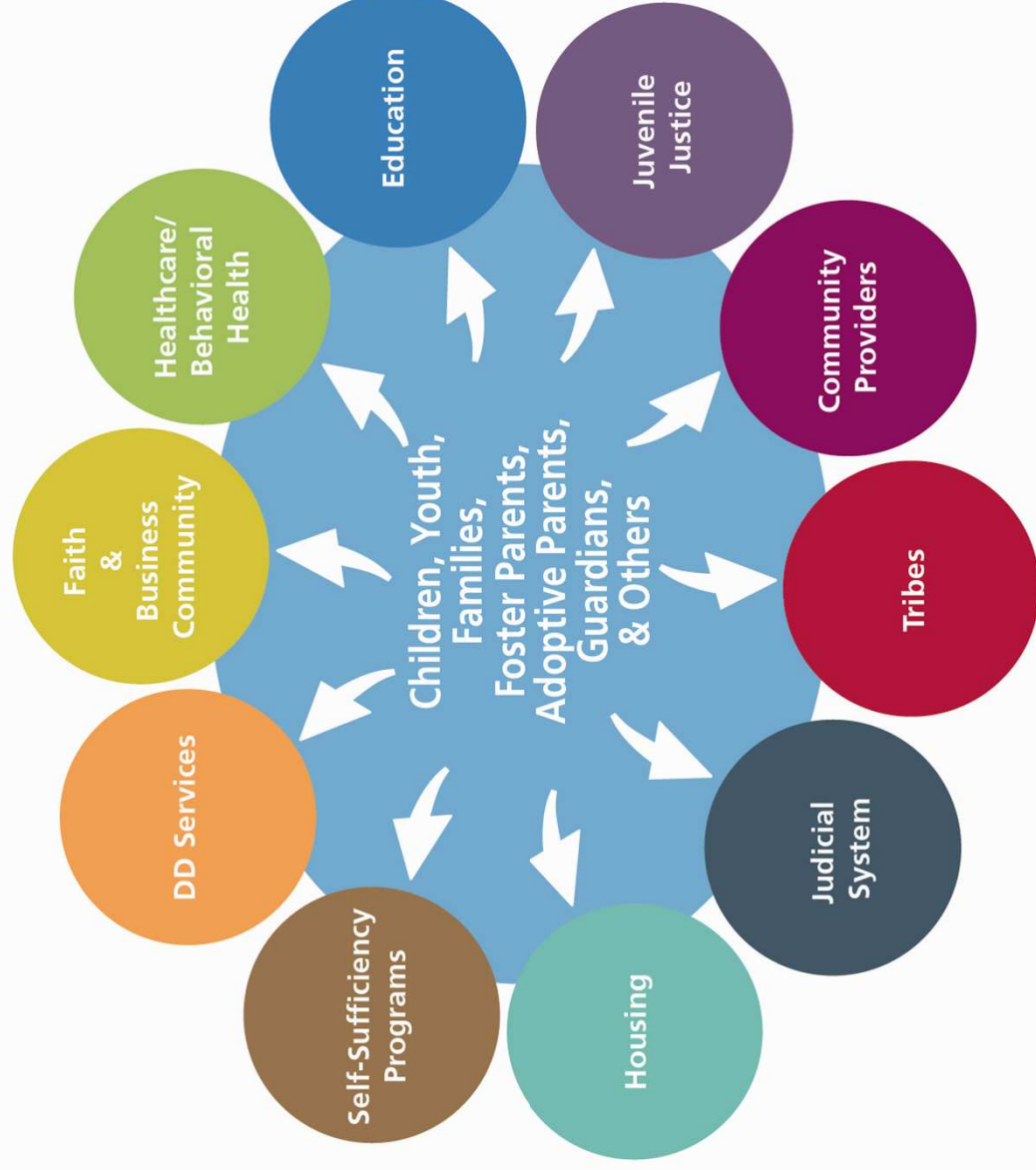


Progress Indicators – 2011



Collaborations and Partnerships are Essential

Child Welfare is an interdependent system



Safety and Stability: Caregivers

- SAFE Homestudy
- Foster Care Safety Team increased Certification oversight and monitoring
 - Certifiers in home every 180 days, rather than once a year
 - Sensitive Review committees in every District
- Training
 - Increased access; in person, online, webinar, lending library (use adult learning theory)
 - Pilot testing an online Foundations Training model with a local Oregon company, Northwest Media.

Relatives are Critical to the Well-Being of Children

- Increased placement rate with relatives during the past 4 years, ranging from 19% to 27% of children in foster care are placed with a relative.
- Engagement of relatives
 - As care providers, and to provide emotional support
 - Family-finding efforts
- Siblings in foster care are most often placed together, 82.4%.



Achieving Permanency in Foster Care

Reduction of Foster Care/Permanency strategies:

- Targeted case reviews of children who are in long term foster care.
- Implementation of statewide permanency roundtables.
- Implementation of permanency quarterlies to better educate and consult with field workers to focus on permanency practices throughout the life of a case.
- Case-specific consultation on barriers to reunification.
- Training to teen units/teen workers on specific permanency planning strategies with teen youth in foster care, including reunification, guardianship and adoption work.
- Technical assistance from Casey Family Programs on using data to set goals and implement plans to improve the impact of foster care on child permanency.

Unique Challenges

- Specially certified families; neighbors, family friends, and relatives require the same level of background check and oversight as non-relatives.
- Relatives; identifying, locating, and bringing to the table in a supportive way can be challenging.
- Focus on the least restrictive environment for a child; in communities, neighborhoods, schools, etc. may not always be receptive or have the ability to support children remaining in their communities
- Foster care system needs to be flexible enough to meet the needs of a 2 year-old and a 17 year-old. The system needs to be child-centered while system supported.



Other activities guided by Legislative Direction

Improving the Appropriate use of Psychotropic medications.

Child Adolescent Needs and Strengths assessment (CANS)

Services to Youth and Young Adults

- Comprehensive Transition Planning; Employment.
- Extending opportunities for Higher education, Tuition Waiver; collaboration with Oregon Student Access Commission, Oregon University and Community Colleges.
- Extended health care for youth exiting the foster care system after age 18; collaboration with Oregon Health Authority.
- Access to Drivers' Education Training opportunities; collaboration with Department of Motor Vehicles.



Collaboration with Youth, Families and Communities

Communities:

- Oregon Foster Youth Connection
- Foster Club (NTYD), All Stars, Youth Convening
- Portland Leadership Foundation and Salem Leadership Foundation
- Private agencies serving children
- Increase collaborations with Tribal communities for care, support and education

System Collaboration and Coordination

- OHA/DHS collaborative grant to Improve the Appropriate Use of Psychotropic Medications
- DOE/DOJ/DHS Educational Stability Matters grant
- Early Learning Council
- Youth Development Council



Where are we going?

- Child Well-Being

To focus on social and emotional well-being is to attend to children's behavioral, emotional and social functioning – those skills, capacities, and characteristics that enable young people to understand and navigate their world in healthy, positive ways.

This includes addressing the child's need for comprehensive health, educational support, safe and stable caregivers, housing, and childhood opportunities.



Where are we going?

- Evidence-Informed Practices and Programs
- Trauma-Informed System of Care
- Foster Child Bill of Rights
- Quarterly Business Reviews to monitor and measure performance outcomes; Face to Face contact with children, Client and Consumer Satisfaction, relative placements, etc.
- Engaged community services and activities; Mentoring programs, Online Foster Parent training research.
- Active participation in system change initiatives; Children's Health Care Policy, Early Learning Council, Youth Development Council, Collaborative, and Education agenda to increase High School Graduation.
- Engagement and coordination of models to increase successful transition from foster care to adulthood.



Questions?
